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CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ Page 2

For vendor or other person doing business with local governmental entity

Name of local government officer with whom filer has affiliation or business relationship. (Complete this section only if the answer to A, B, or C is YES.)
This section, item 5 including subparts A, B, C & D, must be completed for each officer with whom the filer has affiliation or business relationship. Attach additional pages to this Form CIQ as necessary.
A. Is the local government officer named in this section receiving or likely to receive taxable income from the filer of the questionnaire?
Yes No
B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local government officer named in this section AND the taxable income is not from the local governmental entity?
Yes X No
C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?
Yes No
D. Describe éach affiliation or business relationship.
N/A
Describe any other affiliation or business relationship that might cause a conflict of interest.
None
Signature of person doing business with the governmental entity September 8, 2006 Date
Englished C. Porson doing Countries and governmental strategy